


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 APR 30 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001921		
1. Entity Name SVN PARTNERSHIP, LTD.		

Principal Place of Business 395 COMMERCIAL COURT, STE. A VENICE, FL 34292	Mailing Address 395 COMMERCIAL COURT, STE. A VENICE, FL 34292
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2. Principal Place of Business 333 S. Tamiami Trail Suite, Apt. #, etc. Suite 101 City & State Venice, FL Zip 34285	Country	3. Mailing Address 333 S. Tamiami Trail Suite, Apt. #, etc. Suite 101 City & State Venice, FL Zip 34285	Country
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01152004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0705654	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, MICHAEL W 395 COMMERCIAL COURT, STE. A VENICE, FL 34292	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$140,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000016806 NEW AGE DEVELOPMENT GROUP, INC. 395 COMMERCIAL COURT, STE. A VENICE, FL 34292	STREET ADDRESS CITY-ST-ZIP	333 S. Tamiami Trail, Suite 101 Venice, FL 34285
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **4/27/04** **941-441-1380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE